

Welcome to the Arizona State Immunization Information System

Reminder Recall

Leadership for a Healthy Arizona



Reminder Recall generates a list of patients who need to return for vaccinations

This report:

- ✱ Creates a patient listing and mailing labels
- ✱ Prints a reminder message to postcards
- ✱ Can be broken down by:
Age group, vaccine type
and dose number

Saves YOU time!!

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NAVIGATION BAR

Where is reminder recall?

Login into ASIIS

On the navigation bar select Reminder Recall



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Check the box stating:
Do not increment recall count

Enter patient birth date

Select Vaccines

Click Run Reminder Recall

Reminder/Recall

☒ Do Not Increment Recall Count (Run Recall)

☐ Preview and Select Patients

Reminder/Recall Date Range: From: 01/01/1990 To: 04/07/2008

Maximum Recall Tries: 5

Valid Addresses:
☐ Valid Addresses Only
☐ Invalid Addresses Only
☒ All Patients

☐ Include Inactive Patients

Limit Reminder Recall Group By:

☒ Patient Birth Date From: 05/01/2007 To: 05/31/2007

☒ IRMS 0000_ADHS INTERNAL BEDCS USE (1066)

☐ Do Not Limit

☐ Facility --select--

☐ Do Not Limit

☐ Physician --select--

☐ Program --select--

☐ Health Plan --select--

☐ High Risk Category --select--

☐ State --select--

☐ County/Parish --select--

☐ Zip Code

☐ Health District/Region

☐ Appointment Date From: To:

☐ Deferred Vaccinations Only

Vaccine Families: and Optional Needed Dose Number:

☒ DTaP/DT/Tdap*

☒ HIB

☒ POLIO

☒ HEP-B 3 DOSE**

☒ MMR

☒ VARICELLA

☒ MENINGOCOCCAL

☒ HEP-A

☒ FLU

☒ PNEUMO (PCV7)

☒ HEP-B 2 DOSE**

☐ PNEUMO (PPV23)

☒ ROTAVIRUS

☐ HPV

☐ HERPES

ZOSTER

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients between the ages of 7 and 10. Tdap should be given to patients over 10 years old

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Name of Person Running Reminder/Recall:

Clear Reset Run Reminder Recall



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**ALWAYS CHECK
DO NOT INCREMENT
RECALL COUNT
(RUN RECALL)**

The date range is
the time the
patient was in
your office

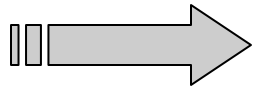
This is the age
group of patients
who need to
return to the office
for vaccinations.

Reminder/Recall	
<input checked="" type="checkbox"/>	Do Not Increment Recall Count (Run Recall)
<input type="checkbox"/>	Preview and Select Patients
Reminder/Recall Date Range:	From: 01/01/1990 To: 04/08/2008
Maximum Recall Tries:	5
Valid Addresses:	<input type="radio"/> Valid Addresses Only <input type="radio"/> Invalid Addresses Only <input checked="" type="radio"/> All Patients
<input type="checkbox"/>	Include Inactive Patients
Limit Reminder/Recall Group By:	
<input type="checkbox"/> Patient Birth Date	From: To:
<input checked="" type="radio"/> IRMS	0000_ADHS INTERNAL BEDCS USE (1066)
<input type="radio"/> Do Not Limit	
<input type="radio"/> Facility	--select--
<input checked="" type="radio"/> Do Not Limit	
<input type="checkbox"/> Physician	--select--
<input type="checkbox"/> Program	--select--
<input type="checkbox"/> Health Plan	--select--
<input type="checkbox"/> High Risk Category	--select--
<input type="checkbox"/> State	--select--
<input type="checkbox"/> County/Parish	--select--
<input type="checkbox"/> Zip Code	
<input type="checkbox"/> Health District/Region	
<input type="checkbox"/> Appointment Date	From: To:
<input type="checkbox"/> Deferred	
<input type="checkbox"/> Vaccinations Only	

Reminder/Recall

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This section allows you to select the vaccines children are missing



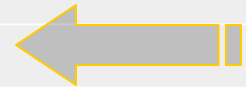
Vaccine Families:	and Optional Needed Dose Number:
<input checked="" type="checkbox"/> DTaP/DT/Td/Tdap*	<input type="text"/>
<input checked="" type="checkbox"/> HIB	<input type="text"/>
<input checked="" type="checkbox"/> POLIO	<input type="text"/>
<input checked="" type="checkbox"/> HEP-B 3 DOSE**	<input type="text"/>
<input checked="" type="checkbox"/> MMR	<input type="text"/>
<input checked="" type="checkbox"/> VARICELLA	<input type="text"/>
<input checked="" type="checkbox"/> MENINGOCOCCAL	<input type="text"/>
<input checked="" type="checkbox"/> HEP-A	<input type="text"/>
<input checked="" type="checkbox"/> FLU	<input type="text"/>
<input checked="" type="checkbox"/> PNEUMO (PCV7)	<input type="text"/>
<input checked="" type="checkbox"/> HEP-B 2 DOSE**	<input type="text"/>
<input checked="" type="checkbox"/> PNEUMO (PPV23)	<input type="text"/>
<input checked="" type="checkbox"/> ROTAVIRUS	<input type="text"/>
<input checked="" type="checkbox"/> HPV	<input type="text"/>
<input checked="" type="checkbox"/> HERPES	<input type="text"/>
ZOSTER	<input type="text"/>

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients between the ages of 7 and 10. Tdap should be given to patients over 10 years old.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Name of Person Running Reminder/Recall:

It also allows you to select the dose number



Clear

Reset

Run Reminder Recall

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Reminder/Recall Output Select	
Select	Output Type:
select	Patient Listing
select	Mailing Labels (Avery 5160)
	Postcards (Avery 8387)
	Please enter the Facility Return Address information below:
	Facility Name: <input type="text"/>
	Street: <input type="text"/>
	City, State, Zip Code: <input type="text"/>
	Phone Number: <input type="text"/>
select	AutoDialer File
	Email Reminders
	Please enter the Facility Return Address information below:
	Facility Name: <input type="text"/>
	Street: <input type="text"/>
	City, State Zip Code: <input type="text"/>
	Phone Number: <input type="text"/>




A pop up will appear once the report is complete.

It will give you the number of patients that is in your recall group.

Reminder/Recall Criteria Used	
Limit By IRMS / IRMS ID	Yes / 1066
Increment Recall Count?	Yes
Reminder/Recall Date	01/01/1990 to 04/07/2008
Maximum Recall Tries	5
Include Inactive Patients	No
Limit By Patient Birth Date Range / Patient Birth Range	Yes / 05/01/2007 to 05/31/2007
Limit By Appointment Date Range	No /
Limit By Facility / Facility Name	No /
Limit By Physician / Physician Name	No /
Limit By Program / Program Code	No /
Limit By Health Plan / Health Plan Code	No /
Limit By State / State	No /

Patient Listing
provides patient ID,
full name,
date of birth,
guardian first name,
phone number,
chart number
vaccine family name,
dose number,
recommended date
and minimum date.

Mailing labels
provides: to the parents of,
patients name and
mailing address



Arizona Department of Health Services

Version: 4.0.5.3

STC

Logged in: ANGELITA LOPEZ

Date: April 7, 2008

Reminder/Recall Output Select

Select	Output Type:
select	Patient Listing
select	Mailing Labels (Avery 5160)
select	Postcards (Avery 8387)
<i>Please enter the Facility Address information below:</i>	
select	Facility Name: <input type="text"/>
select	Street: <input type="text"/>
select	City, State, Zip Code: <input type="text"/>
select	Phone Number: <input type="text"/>
select	AutoDialer File
select	Email Reminders
<i>Please enter the Facility Return Address information below:</i>	
select	Facility Name: <input type="text"/>
select	Street: <input type="text"/>
select	City, State Zip Code: <input type="text"/>
select	Phone Number: <input type="text"/>

[Back](#)

Reminder/Recall Criteria Used

Limit By IRMS / IRMS ID	Yes / 1066
Increment Recall Count?	Yes
Reminder/Recall Date	01/01/1990 to 04/07/2008
Maximum Recall Tries	5
Include Inactive Patients	No
Limit By Patient Birth Date Range / Patient Birth Range	Yes / 05/01/2007 to 05/31/2007
Limit By Appointment Date Range	No /
Limit By Facility / Facility Name	No /
Limit By Physician / Physician Name	No /
Limit By Program / Program Code	No /
Limit By Health Plan / Health Plan Code	No /
Limit By State / State	No /

Health Services

Leadership for a Healthy Arizona

Patient Listing

Patient Recall Group Listing

Report Criteria

Report Date: April 7, 2008

IRMS

Recall Date: 01/01/1990 to 04/07/2008

Birth Date Range: 05/01/2007 to 05/31/2007

Include Inactive Patients: No

State: All

High Risk Category: All

Deferred Vaccinations Only: No

Vacc. Families: DTaP/DT/Td/Tdap*, FLU, HEP-A, HEP-B 2 DOSE**, HEP-B 3 DOSE**, HERPES ZOSTER, HIB, HPV, MENINGOCOCCAL, MMR, PNEUMO (PCV7), PNEUMO (PPV23), POLIO, ROTAVIRUS, VARICELLA

Person Generating Recall:

Facility: All

Health Plan: All

Physician: All

Program: All

County/Parish: All

Zip Code: All

District/Region Number: All

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients between the ages of 7 and 10. Tdap should be given to patients over 10 years old.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Total Patients Selected: 25


Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
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Vaccine Family Name	Dose Number	Recommended Date	Minimum Date
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Arizona
Department of
Health Services

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Mailing Labels



**Arizona
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- ▼ Main
 - Home
 - Login
 - Logout
 - Select IRMS
 - Select Facility
- Favorites
- Patient
- Vaccinations
- IRMS
- Facilities
- Physicians /
Vaccinators
- Lot Numbers
- Reports
- Settings
 - CASA Export
 - Reminder Recall
- Imports
- Exports
- Job Queue
- Administration
- Help

Version: 4.0.5.3



https://www.asiis.state.az.us/asiisweb/ReminderRecallMailingLabels - Windows Internet Explorer provided by AZDHS

File Edit Go To Favorites Help

Back Forward Stop Reload Home Search Favorites

Address <https://www.asiis.state.az.us/asiisweb/ReminderRecallMailingLabels> Go Links

1 / 1 81.3% Find

To the parents of: Mickey Mouse 1234 w. 1 st St. Phoenix AZ 85007	To the parents of:	To the parents of:
To the parents of:	To the parents of:	To the parents of:
To the parents of:	To the parents of:	To the parents of:
To the parents of:	To the parents of:	To the parents of:

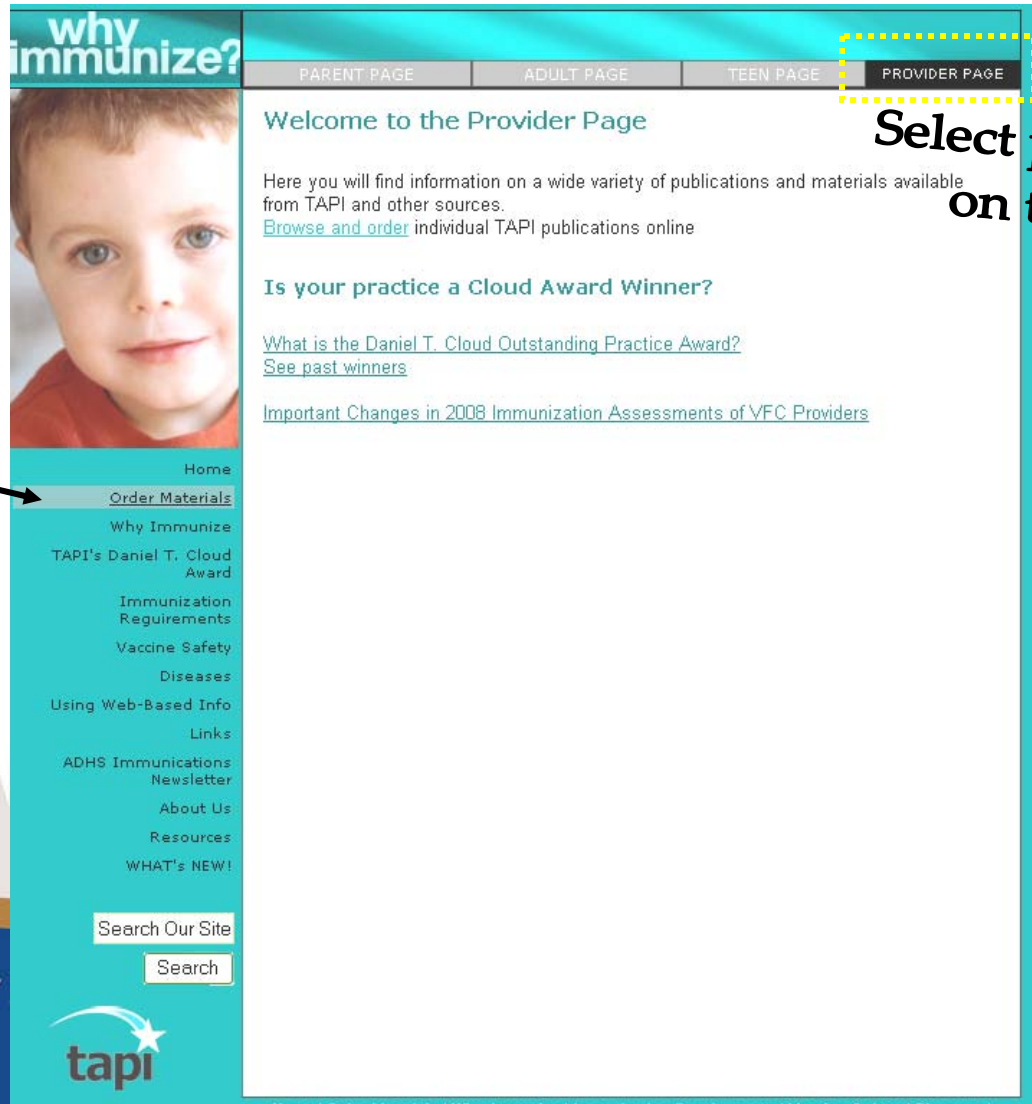
Done Unknown Zone

Reminder/Recall Date	01/01/2000 to 04/01/2000
Maximum Recall Tries	5
Include Inactive Patients	No
Limit By Patient Birth Date	

How to order post cards from TAPI

Go to the TAPI website
www.whyimmunize.org

Click on Order Materials



Select provider page
on the top left



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Reminder Postcard



50	English
50	Spanish


Preprinted postcards designed to let parents know when their child needs their next set of shots. Cards may be used with forecasting feature of the ASIIS Web Application or by parents addressing cards to themselves before they leave your office.

Enter the number of cards that is needed
click next on the bottom left

Enter Mailing address and
click send this form


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why immunize?



- Home
- Order Materials
- Why Immunize
- TAPI's Daniel T. Cloud Award
- Immunization Requirements
- Vaccine Safety
- Diseases
- Using Web-Based Info
- Links
- ADHS Immunizations Newsletter
- About Us
- Resources
- WHAT'S NEW!

Search Our Site
Search



PARENT PAGE ADULT PAGE TEEN PAGE PROVIDER PAGE

Free Publications

e389d

Type the five character combination that you see above in the space below.

Please supply the following information

Name:

Street:

City:

State:

Zip:

Phone:

Email Address:

Name of Clinic/Practice

Send This Form